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For An Authorized Committee

SECRETARY OF THE SENATE PUBLIC FLOORES

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(Revised 02/2003)

NAME OF COMMITTEE (in full)	TYPE OR PRINT	•	xample: If typi ver the lines.	ng, type	12FE4M	5		
Coburn for Senate 2010								
228 S. Washington St., Ste. 115								
ADDRESS (number and street)								
Check if different than previously reported. (ACC)	Alexandria				L ^{VA} .	22314	<u> </u>	
2. FEC IDENTIFICATION N	UMBER ▼	CITY ▲			STATE A		IP CODE	
C/ C00409888		3. IS THIS REPORT	NEV (N)	OR	AMENI (A)		STATE ▼ DIST	TRICT
4. TYPE OF REPORT (Ch. (a) Quarterly Reports: April 15 Quarterly F July 15 Quarterly F October 15 Quarter X January 31 Year-En	Report (Q1) Report (Q2) Report (Q3) Report (YE)	Election or	General (300	(12C) port for the:	General (Special (** Runoff (36	12S) DR)	Runoff (1 in the State of Special (3 in the State of	
5. Covering Period 10 / 01 / 2014 through 12 / 31 / 2014								
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.								
Type or Print Name of Treasurer Lisa Lisker Signature of Treasurer Lisa Lisker Date Date								
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